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Subject: MOD 8 TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL/UNIT
DEPLOYMENT POLICY

MOD 8 Tab A FINAL 070709.doc

Originator: /C=US/O=U.S.

GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=HQ
USCENTCOM MACDILL AFB FL/OU=USCENTCOM SURGEON(MC)

DTG: 061911Z Jul 07 **Precedence:** ROUTINE **DAC:** General

To: /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=D/OU=DA WASHINGTON DC
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=CE-CS/OU=CNO WASHINGTON DC
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=HQ SOCCENT MACDILL
AFB FL/OU=SOCCENT J4(MC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=ARMY/OU=ORGANIZATIONS/L=CONUS/L=FORT BRAGG
NC/OU=USASOC/OU=HQ US SOCOM(FWD)/OU=CDR USSOCOM(SC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY ABU DHABI
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY ADDIS ABABA
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY AMMAN
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY BAGHDAD
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY BISHKEK
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY CAIRO
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY DJIBOUTI
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY DOHA
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/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=AIG 6-AZ/OU=AMEMBASSY MANAMA
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/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=DEPLOYED/OU=CJTF HOA/OU=CJTF HOA(SC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=USMC/OU=ORGANIZATIONS/L=HQMC WASHINGTON DC/OU=CMC
WASHINGTON DC(SC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AUTODIN PLAS/OU=CE-CS/OU=COMUSNAVCENT
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=JFCOM/OU=ORGANIZATIONS/OU=CDR USJFCOM NORFOLK VA(MC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=PACOM/OU=ORGANIZATIONS/OU=CDR USPACOM HONOLULU HI(SC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=SOUTHCOM/OU=ORGANIZATIONS/L=CONUS/L=MIAMI FL/OU=HQ
USSOUTHCOM(MC)/OU=CDR USSOUTHCOM(MC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=COMUSMARCENT
MACDILL AFB FL/OU=COMUSMARCENT G4(MC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=JCS/OU=ORGANIZATIONS/L=WASHINGTON DC/OU=JOINT STAFF
(SC)/OU=JOINT STAFF J4(SC)/OU=JOINT STAFF J4 HSSD(SC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=ARMY/OU=ORGANIZATIONS/L=CONUS/L=FORT MCPHERSON
GA/OU=USATHIRD/OU=3A CRISIS ACTION TEAM/OU=ARCENT WATCHOFFICER(MC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=ARMY/OU=DEPLOYED/OU=MNC IRAQ/OU=MNC IRAQ SURGEON(MC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=ARMY/OU=ORGANIZATIONS/L=CONUS/L=FORT MCPHERSON
GA/OU=USATHIRD/OU=CDR THIRD ARMY(MC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=ARMY/OU=DEPLOYED/OU=MNF IRAQ/OU=MNF IRAQ DCS SURGEON
(MC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=AF/OU=ORGANIZATIONS/L=SHAW AFB SC/OU=USCENTAF A4(SC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=EUCOM/OU=ORGANIZATIONS/L=EUROPE/OU=EUCOM J4-MR MEDICAL
READINESS DIV-CMD SURGEON(MC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=TRANSCOM/OU=ORGANIZATIONS/L=USTRANSCOM IL/OU=CDR
USTRANSCOM(SC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=USMC/OU=ORGANIZATIONS/L=MARFORRES/OU=COMMARFORRES(SC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=NORTHCOM/OU=ORGANIZATIONS/L=PETERSON AFB CO/OU=HQ
NORTHCOM(SC)/OU=SPECIAL STAFF/OU=SG(SC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=ARMY/OU=DEPLOYED/OU=AFGHANISTAN/OU=CSTC-A(MC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=ARMY/OU=DEPLOYED/OU=CJTF82/OU=CJ57 FORCE MANAGEMENT(MC)
Cc: /C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=HQ USCENTCOM
MACDILL AFB FL/OU=USCENTCOM CCJ1(MC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=HQ USCENTCOM
MACDILL AFB FL/OU=USCENTCOM CCJ3(MC)
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MACDILL AFB FL/OU=USCENTCOM CCJ4(MC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=HQ USCENTCOM
MACDILL AFB FL/OU=USCENTCOM CCJ5(MC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=HQ USCENTCOM
MACDILL AFB FL/OU=USCENTCOM SURGEON(MC)
/C=US/O=U.S. GOVERNMENT/OU=DOD/OU=CENTCOM/OU=ORGANIZATIONS/L=CONUS/L=HQ USCENTCOM
MACDILL AFB FL/OU=USCENTCOM THEATER TRAVEL COORDINATION CELL(MC)

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OPERS/ENDURING FREEDOM/IRAQI FREEDOM//

MSGID/GENADMIN/CDRUSCENTCOM/SG/JUL//

SUBJ/MOD 8 TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL/UNIT DEPLOYMENT POLICY//

REF/A/MSG/CDRUSCENTCOM/SG/032024ZOCT2001//

AMPN/ORIGINAL USCINCENT INDIVIDUAL PROTECTION AND INDIVIDUAL UNIT DEPLOYMENT POLICY MESSAGE.//

REF/B/MSG/CDRUSCENTCOM/SG/270549ZMAY2004//

AMPN/MOD 7 TO USCINCENT INDIVIDUAL PROTECTION AND UNIT DEPLOYMENT POLICY MESSAGE.

THIS DOCUMENT IS NO LONGER VALID AND IS SUPERSEDED BY MOD 8//

REF/C/AR 40-562/BUMEDINST 6230.15A/AFJI 48-110//

REF/D/DODI 6490.03//

RMKS/1. (U) THIS IS MODIFICATION 8 TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL, UNIT DEPLOYMENT POLICY. IN SUMMARY, MODIFICATIONS HAVE BEEN MADE TO PARAGRAPH 15 FROM THE BASE DOCUMENT, REFERENCE A.

1.A. PARAGRAPH 15 REQUIRED NUMEROUS CHANGES; THEREFORE, IT IS BEING REPUBLISHED IN ITS ENTIRETY.

1.B. SUMMARY OF SIGNIFICANT CHANGES [IN ORDER OF APPEARANCE].

1.B.1. THE HEPATITIS B VACCINE IS NOW REQUIRED FOR ALL DEPLOYING PERSONNEL, PARAGRAPH 15.A.1.B.

1.B.2. A ONE-TIME TDAP IMMUNIZATION REPLACES THE TD BOOSTER, PARAGRAPH 15.A.1.E.

1.B.3. THE MANDATORY ANTHRAX PROGRAM IS IN EFFECT FOR THE CENTCOM AOR, PARAGRAPH 15.A.1.J.

1.B.4. ALL EFFORTS SHOULD BE MADE TO GIVE SMALLPOX VACCINE BEFORE DEPLOYMENT, PARAGRAPH 15.A.1.K.

1.B.5. ADDITION OF MORE DETAILED GUIDANCE FOR IMMUNIZATIONS, PARAGRAPH 15.A.5.

1.B.6. DOXYCYCLINE AND MEFLUQUINE ARE THE PRIMARY ANTI-MALARIAL MEDICATIONS.

MALARONE ADDED AS AN ADDITIONAL CHOICE, PARAGRAPH 15.B.2.B.

1.B.7. AFGHANISTAN CHANGED TO YEAR-ROUND COVERAGE FOR MALARIA, PARAGRAPH 15.B.2.A.

1.B.8. INSTRUCTIONS ON CHANGING FROM ONE MALARIAL MED TO ANOTHER, PARAGRAPH 15.B.2.F.

1.B.9. MODIFIED PRIMAQUINE GUIDELINES AND ADDED MANDATORY G-6-PD TESTING, PARAGRAPH 15.B.2.G.

1.B.10. MODIFIED MEDICAL CBRN DEFENSE MATERIEL, PARAGRAPH 15.B.3..

1.B.11. ADDED GUIDANCE ON MEDICAL AND DENTAL DOCUMENTATION, PARAGRAPH 15.C.

1.B.12. ADDED REQUIREMENT TO HAVE MEDICAL ALERT TAGS IF NECESSARY, PARAGRAPH 15.C.10.

1.B.13. CLARIFIED REQUIREMENT FOR PPD TESTING TO BE PERFORMED PRIOR TO DEPLOYMENT, PARAGRAPH 15.E.

1.B.14. ADDED RECOMMENDED USE OF THE TRICARE MAIL-ORDER PHARMACY SYSTEM, PARAGRAPH 15.G.5.

1.B.15. ADDED REQUIREMENT OF PERSONNEL TAKING ORAL CONTRACEPTIVES TO BRING A SUPPLY FOR THE DURATION OF THE DEPLOYMENT, PARAGRAPH 15.G.5.

1.B.16. MODIFIED THE MEDICAL DEPLOYABILITY SECTION, PARAGRAPH 15.H. THE SERVICE COMPONENT SURGEONS HAVE BEEN DELEGATED MEDICAL WAIVER AUTHORITY FOR ALL PERSONNEL.

1.B.17. ADDED WOMEN'S HEALTH SECTION AND MODIFIED PRE-DEPLOYMENT HEALTH ASSESSMENT SECTION, PARAGRAPH 15.I.3.

1.B.18. ADDED A HEALTH SURVEILLANCE SECTION, PARAGRAPH 15.J.

1.B.19. ADDED GUIDANCE ON PRE-DEPLOYMENT AND DEPLOYMENT HEALTH RISK COMMUNICATION, PARAGRAPH 15.K.

1.B.20. ADDED GUIDANCE ON PETS AND MASCOTS, 15.L.5.

1.C. DEPLOYMENT IS DEFINED AS 15 OR MORE CONSECUTIVE DAYS IN THE CENTCOM AOR. THIS IS MORE STRINGENT THAN DODI 6490.03 DUE TO THE SPECIFIC SMALLPOX AND ANTHRAX VACCINE REQUIREMENTS OF THE CENTCOM AOR.

1.D. PARAGRAPH 15 OF REF A HAS BEEN REWRITTEN AS FOLLOWS:

15.A. USCENTCOM THEATER SPECIFIC IMMUNIZATION REQUIREMENTS:

15.A.1. ALL PERSONNEL MUST HAVE REQUIRED THEATER-SPECIFIC IMMUNIZATIONS PRIOR TO DEPLOYMENT. SUPERVISORS AND COMMANDERS MUST ENSURE THE FOLLOWING STANDARD

IMMUNIZATIONS ARE CURRENT PRIOR TO DEPLOYING TO THE USCENTCOM AOR:

15.A.1.A. HEPATITIS A VACCINE SERIES.

15.A.1.B. HEPATITIS B VACCINE SERIES.

15.A.1.C. INFLUENZA (CURRENT ANNUAL VACCINE).

15.A.1.D. MENINGOCOCCAL (QUADRIVALENT) VACCINE (WITHIN FIVE YEARS):

MENINGOCOCCAL VACCINATION IS REQUIRED FOR COUNTRIES WHERE AFMIC ASSESSES THAT RISK IS ELEVATED ABOVE US BASELINE. AT THIS WRITING, THESE COUNTRIES INCLUDE SUDAN, ETHIOPIA, ERITREA, DJIBOUTI, SOMALIA, AND KENYA. MENINGOCOCCAL VACCINE IS NOT REQUIRED FOR PERSONNEL DEPLOYING ONLY TO OTHER COUNTRIES IN THE CENTCOM AOR.

15.A.1.E. TETANUS-DIPHTHERIA (WITHIN 10 YEARS). A ONE-TIME DOSE OF TDAP (ADACEL (r)) IS TO BE GIVEN IAW ACIP GUIDELINES IN PLACE OF TD TO PERSONNEL WHO HAVE NOT PREVIOUSLY RECEIVED TDAP.

15.A.1.F. TYPHOID (INJECTABLE OR ORAL), CURRENT PER PACKAGE INSERT, WITHIN TWO YEARS FOR INJECTABLE AND FIVE YEARS FOR ORAL.

15.A.1.G. YELLOW FEVER VACCINE (YF) (LAST DOSE WITHIN 10 YEARS): REVIEW CURRENT AFMIC ASSESSMENTS. YF VACCINATION IS REQUIRED FOR COUNTRIES WHERE THE DISEASE IS PRESENT. AT THIS WRITING THESE COUNTRIES INCLUDE SUDAN, ETHIOPIA, ERITREA, DJIBOUTI, SOMALIA, AND KENYA.

15.A.1.H. PNEUMOCOCCAL VACCINE: FOR ALL ASPLENIC (WITH NO SPLEEN) PERSONNEL -- 0.5 ML IM OR SUBCUTANEOUS. GIVE ONE REVACCINATION FIVE OR MORE YEARS AFTER INITIAL PNEUMOCOCCAL VACCINATION.

15.A.1.I. POLIO AND MEASLES, MUMPS, AND RUBELLA VACCINES: IAW DOD POLICY, IT IS TO BE ASSUMED ALL POST-ACCESSION PERSONNEL ARE IMMUNE TO THESE DISEASES AND DO NOT NEED THE IMMUNIZATIONS. REQUIRED FOR ALL CIVILIAN DEPLOYERS.

15.A.1.J. ANTHRAX: ALL MEDICALLY ELIGIBLE SERVICE MEMBERS AND OTHER SELECT PERSONNEL DEPLOYING TO THE CENTCOM AOR FOR 15 DAYS OR MORE WILL BEGIN OR RESUME THE ANTHRAX IMMUNIZATION SERIES IAW CENTCOM FRAGO 09-1190. PERSONNEL ELIGIBLE FOR VOLUNTARY AVIP ARE OUTLINED IN CENTCOM FRAGO 09-1190.

15.A.1.K. SMALLPOX: ALL PERSONNEL DEPLOYING INTO THE CENTCOM AOR FOR 15 DAYS OR MORE WILL RECEIVE THE SMALLPOX VACCINATION IAW SERVICE POLICY AND MEDICAL ELIGIBILITY. PERSONNEL DEPLOYING FOR LESS THAN 15 DAYS AND OTHER SPECIFIC CIVILIAN PERSONNEL MAY RECEIVE THE SMALLPOX VACCINATION ON A VOLUNTARY BASIS.

15.A.1.K.1. MEDICAL TEMPORARY WAIVER: EVERY ATTEMPT WILL BE MADE TO ADMINISTER THE VACCINATION PRIOR TO DEPLOYMENT WITHOUT INCREASING RISK TO CLOSE CONTACTS OF SERVICE MEMBERS. HOWEVER, DEPLOYERS HAVING A CLOSE CONTACT WITH CONTRAINDICATIONS FOR THE SMALLPOX (VACCINIA) VACCINATION MAY BE GIVEN A 30 DAY MEDICAL TEMPORARY WAIVER FOR SMALLPOX VACCINATION AND WILL BE VACCINATED AT THE DEPLOYED LOCATION. INCLUDE THE SMALLPOX SCREENING QUESTIONNAIRE AS PART OF THEIR DD FORM 2766, DEPLOYED MEDICAL RECORD.

15.A.2. ADDITIONAL CENTCOM SPECIFIC REQUIREMENTS. NONE

15.A.3. BIOLOGICAL WEAPONS AGENT (BWA) IMMUNIZATIONS. ANTHRAX AND SMALLPOX IMMUNIZATION PER PARAGRAPH 15.A.1.J AND 15.A.1.K.

15.A.4. COMPONENT COMMANDS WILL REPORT IMMUNIZATION DATA THROUGH SERVICE CHANNELS IAW SERVICE GUIDELINES, (ARMY-MEDPROS, AIR FORCE-AFCITA, COAST GUARD-MRS, AND NAVY/MARINE CORPS-MRRS (ASHORE) & SAMS(AFLOAT)).

15.A.5. NO REQUIRED IMMUNIZATION WILL BE DEFERRED UNTIL ARRIVAL IN THE AOR. EXCEPTIONS:

15.A.5.A. THE FIRST VACCINE IN A REQUIRED SERIES MUST BE ADMINISTERED PRIOR TO DEPLOYMENT, WITH ARRANGEMENTS MADE FOR SUBSEQUENT IMMUNIZATIONS TO BE GIVEN IN THEATER;

15.A.5.B. SMALLPOX MEDICAL TEMPORARY WAIVER AS DESCRIBED IN 15.A.1.K.1.

15.A.5.C. USE THE VACCINE HEALTH CENTER AT WWW.VHCINFO.ORG FOR ANY QUESTIONS REGARDING VACCINATION SAFETY AND ADMINISTRATION.

15.A.5.D. NO MORE THAN FIVE IMMUNIZATIONS WILL BE GIVEN ON ONE DAY. USE AN APPROPRIATE INTERVAL (TYPICALLY ONE WEEK FOR INACTIVATED AND ONE MONTH FOR ACTIVATED) PRIOR TO FURTHER IMMUNIZATION.

15.B. THERAPEUTIC/CHEMOPROPHYLACTIC MEDICATIONS.

15.B.1. ALL THERAPEUTIC/CHEMOPROPHYLACTIC MEDICATIONS, INCLUDING ANTIMALARIALS AND NBC DEFENSE MEDICATIONS, WILL BE PRESCRIBED IAW DODI 6490.03, DATED 11 AUG 2006.

15.B.2. USCENTCOM MALARIA CHEMOPROPHYLAXIS REQUIREMENTS. COMPONENT/CJTF SURGEONS MAY MODIFY MALARIA CHEMOPROPHYLAXIS GUIDANCE FOR THEIR SUBORDINATE UNITS BASED ON LATEST MEDICAL INTELLIGENCE AND UNIT MEDICAL RISK ASSESSMENT. SEE AFMIC REPORTS AT WWW.AFMIC.DIA.SMIL.MIL. THE CENTCOM SURGEON'S OFFICE, DEPLOYING UNITS AND PRE-DEPLOYMENT READINESS CENTERS MUST BE NOTIFIED OF THESE LOCAL POLICY MODIFICATIONS. THE LOCAL COMPONENT/CJTF POLICIES WILL BE STORED ON THE COMMAND SURGEON HOME PAGE (HTTP://HQSWEB03.CENTCOM.SMIL.MIL/INDEX.ASP?DIVISION=CCSG) UNDER THE FORCE HEALTH PROTECTION LINK, UNDER THE SUB-LINK MALARIA POLICIES. MALARIA RISKS AND REQUIREMENTS VARY WITH LOCATION AND SEASON WITHIN THE USCENTCOM AOR, AND ARE BASED ON ASSESSMENTS PROVIDED BY AFMIC. CURRENT AFMIC ASSESSMENTS OF MALARIA WILL BE REVIEWED BY ALL DEPLOYING UNITS.

15.B.2.A. SEE COMPONENT/CJTF POLICIES, AFMIC, AND CDC REPORTS TO DETERMINE SEASONALITY. AFGHANISTAN WILL BE CONSIDERED ENDEMIC FOR MALARIA YEAR-ROUND.

15.B.2.B. ALL CHEMOPROPHYLACTIC AGENTS WILL BE USED IAW FDA GUIDELINES. DOXYCYCLINE OR MEFLOROQUINE WILL BE USED AS THE PRIMARY MALARIA CHEMOPROPHYLACTIC AGENTS. OTHER FDA APPROVED AGENTS MAY BE USED TO MEET SPECIFIC SITUATIONAL REQUIREMENTS.

15.B.2.C. INFORM PERSONNEL THAT MISSING ONE DOSE OF MEDICATION AND NOT USING THE DOD INSECT REPELLENT SYSTEM WILL PLACE THEM AT INCREASED RISK FOR MALARIA.

15.B.2.D. UNITS CURRENTLY TAKING DAILY DOXYCYCLINE PROPHYLAXIS DESIRING TO CHANGE TO WEEKLY CHLOROQUINE OR MEFLOROQUINE ARE ADVISED TO ENSURE THAT AN APPROPRIATE MEDICATION OVERLAP IS ENFORCED. PERSONNEL BEGINNING A CHLOROQUINE OR MEFLOROQUINE REGIMEN SHOULD CONTINUE DAILY DOXYCYCLINE FOR A PERIOD OF 2 WEEKS, TO ALLOW FOR A BUILDUP OF ADEQUATE CHLOROQUINE OR MEFLOROQUINE LEVELS IN THE BLOODSTREAM. FAILURE TO OVERLAP MEDICATIONS MAY RESULT IN A PERIOD WHEN THE INDIVIDUAL IS NOT PROTECTED FROM MALARIA. UNITS CURRENTLY TAKING WEEKLY MEFLOROQUINE DESIRING TO CHANGE TO CHLOROQUINE CAN DISCONTINUE MEFLOROQUINE AND BEGIN CHLOROQUINE THE NEXT WEEK. RESIDUAL BLOOD LEVELS OF MEFLOROQUINE WILL PROVIDE PROTECTION UNTIL ADEQUATE CHLOROQUINE LEVELS ARE ACHIEVED.

15.B.2.E. TERMINAL PROPHYLAXIS WITH PRIMAQUINE IS INDICATED FOR ALL COUNTRIES IN THE US CENTCOM AOR WHERE P. VIVAX AND P. OVALE MALARIA ARE TRANSMITTED AND WHERE CHEMOPROPHYLAXIS WAS ADMINISTERED [UNLESS SPECIFICALLY STATED BY LOCAL COMPONENT/CJTF GUIDANCE]. IT SHOULD BE NOTED THAT P. VIVAX MALARIA IS AN UNDER-RECOGNIZED PROBLEM IN THE HORN OF AFRICA. ONCE THE DISEASE TRANSMISSION IS TERMINATED (I.E., DEPARTURE FROM AOR), ALL PERSONNEL INDICATED FOR TERMINAL PROPHYLAXIS WILL SEE A LICENSED MEDICAL PROVIDER. ON AN INDIVIDUAL BASIS, THE PROVIDER WILL ENSURE THAT THE PERSON HAS BEEN TESTED FOR G-6-PD DEFICIENCY AND THE DOSING REGIMEN IS TAILORED TO THAT PERSON BASED ON CDC AND FDA GUIDANCE. INDIVIDUALS SHOULD REMAIN ON MALARIA CHEMOPROPHYLAXIS UNTIL SUCH TIME THAT THEY CAN BEGIN PRIMAQUINE.

15.B.2.G.1. TESTING FOR G-6-PD DEFICIENCY WILL BE PERFORMED PRIOR TO DEPLOYMENT AND ANNOTATED IN EITHER DD FORM 2766 AND THE SERVICE SPECIFIC IMMUNIZATION DATABASE. G-6-PD RESULTS MUST BE REVIEWED PRIOR TO PRESCRIBING PRIMAQUINE, IN ACCORDANCE WITH SERVICE POLICY.

15.B.3. MEDICAL CBRN DEFENSE MATERIEL (MCDM) ITEMS.

15.B.3.A. TO PROTECT AGAINST CBRN THREATS WITHIN THE AOR, DEPLOYING UNITS WILL BULK SHIP AND STORE MCDM ITEMS IAW MANUFACTURER GUIDELINES WITHIN THEATER AND BPT TO INDIVIDUALLY ISSUE ON ORDER FROM THE UNIT COMMANDER THE FOLLOWING TYPES AND QTYS OF MCDM ITEMS:

15.B.3.A.1. ATROPINE AND 2-PAM CHLORIDE AUTOINJECTORS OR ANTIDOTE TREATMENT NERVE AGENT AUTOINJECTOR (ATNAA); THREE OF EACH INJECTOR PER DEPLOYING INDIVIDUAL.

15.B.3.A.2. DIAZEPAM INJECTION (CONVULSANT ANTIDOTE NERVE AGENT - CANA); ONE EACH PER DEPLOYING INDIVIDUAL.

15.B.3.A.3. FOR INDIVIDUALS/UNITS ENTERING THE THEATER, UNITS WILL HAVE AVAILABLE EITHER CIPROFLOXIN 500MG TABS OR DOXYCYCLINE 100MG TABS; SIX EACH PER DEPLOYING INDIVIDUAL OF EITHER MEDICATION [REGARDLESS OF CHOICE, ENSURE ADEQUATE SUPPLY OF SECOND MEDICATION TO ACCOMMODATE INTOLERANCE TO THE DRUG OF FIRST CHOICE]. THIS COVERS AN INITIAL DOSAGE TO SUPPORT PROPHYLAXIS AND/OR TREATMENT FOR THREE DAYS PER INDIVIDUAL.

15.B.3.B. TO PROTECT AGAINST POSSIBLE AND POTENTIALLY INDICATED CBRN THREATS

WITHIN THE AOR, SERVICES AND SERVICE COMPONENTS WILL BPT ACQUIRE AND ISSUE ON ORDER FROM THE CENTCOM COMMANDER THE FOLLOWING TYPES AND QTYS OF MCDM ITEMS FOR THEIR IN THEATER FORCES:

15.B.3.B.1. PYRIDOSTIGMINE BROMIDE (PB) 30MG TABS (SOMAN NERVE AGENT PRETREATMENT PYRIDOSTIGMINE - SNAPP); 42 TABLETS PER DEPLOYED INDIVIDUAL.

15.B.3.B.2. SKIN EXPOSURE REDUCTION PASTE AGAINST CHEMICAL WARFARE AGENTS (SERPACWA) PACKETS OR REACTIVE SKIN DECONTAMINATION LOTION; 6 PACKETS PER DEPLOYED INDIVIDUAL.

15.B.3.B.3. POTASSIUM IODIDE (KI) TABLETS; 14 TABS PER DEPLOYED INDIVIDUAL.

15.B.3.C. SERVICE COMPONENTS AND/OR JTFS WITH BASE OPERATING SUPPORT (BOS) RESPONSIBILITY FOR BASES IN THEATER THAT ARE KEY TRANSPORTATION NODES OR R&R SITES WILL ENSURE ADEQUATE AMOUNTS OF THE THREE MCDM ITEMS LISTED IN PARA 15.B.3.A ARE PRE-POSITIONED AND STORED TO SUPPORT THE TRANSIENT POPULATION THAT MAY RESIDE OR BE PRESENT AT THESE LOCATIONS FOR ANY PERIOD OF TIME AND ANY INDIVIDUAL DEPLOYERS NOT ATTACHED TO A TROOP UNIT MOVEMENT.

15.B.3.D. INDIVIDUAL DEPLOYERS RECEIVING MCDM ITEMS DURING PRE-DEPLOYMENT PROCESSING WILL TURN-IN THESE ITEMS TO THEIR UNIT UPON ARRIVAL IN THE AOR.

15.C. MEDICAL RECORD. SERVICE POLICIES VARY ON WHETHER THE MEDICAL RECORD WILL ACCOMPANY THE SERVICE MEMBER ON DEPLOYMENT. REGARDLESS, THE FOLLOWING HEALTH INFORMATION MUST ACCOMPANY OR BE PART OF AN ACCESSIBLE ELECTRONIC MEDICAL RECORD FOR ALL PERSONNEL (SERVICE MEMBERS AND CIVILIANS):

15.C.1. ANNOTATION OF BLOOD TYPE AND RH FACTOR, G-6-PD, HIV, AND DNA.

15.C.2. CURRENT MEDICATIONS AND ALLERGIES. INCLUDE ANY FHPPP PRESCRIBED AND DISPENSED TO AN INDIVIDUAL.

15.C.3. SPECIAL DUTY QUALIFICATIONS.

15.C.4. ANNOTATION OF CORRECTIVE LENS PRESCRIPTION.

15.C.5. SUMMARY SHEET OF CURRENT AND PAST MEDICAL AND SURGICAL PROBLEMS.

15.C.6. COPY OF DD FORM 2795 (PREDEPLOYMENT HEALTH ASSESSMENT FORM).

15.C.7. DOCUMENTATION OF DENTAL STATUS CLASS I OR II.

15.C.8. IMMUNIZATION RECORD. SUBORDINATE COMMANDS WILL ENTER IMMUNIZATION DATA THROUGH SERVICE ELECTRONIC TRACKING SYSTEMS, (ARMY-MEDPROS, AIR FORCE-AFCITA, COAST GUARD-MRS, NAVY-MRRS (ASHORE) OR SAMS (AFLOAT) AND MARINE CORPS-MRRS). USCENTCOM AND COMPONENTS WILL MONITOR IMMUNIZATION COMPLIANCE VIA THE USCENTCOM IMMUNIZATION STATUS REPORTS WEB SITE. SUBORDINATE COMMANDS WILL REQUEST ACCESS TO THE USCENTCOM IMMUNIZATION WEB SITE THROUGH CCSG FHP PERSONNEL.

15.C.9. DOCUMENTATION OF ALL MEDICAL AND DENTAL CARE RECEIVED WHILE DEPLOYED.

15.C.10. MEDICAL ALERT TAGS. DEPLOYING PERSONNEL REQUIRING MEDICAL ALERT TAGS (EG. MEDICATION ALLERGIES) WILL DEPLOY WITH RED MEDICAL ALERT TAGS WORN IN CONJUNCTION WITH THEIR PERSONAL IDENTIFICATION TAGS AS REQUIRED BY SERVICE POLICY.

15.D. LABORATORY TESTING.

15.D.1. HIV TESTING/Serum Sample. SCREENING WILL BE WITHIN THE PREVIOUS 12 MONTHS PRIOR TO DEPLOYMENT. CIVILIAN SCREENING WILL BE IAW DOD, SERVICE, SOFA AND HOST NATION REQUIREMENTS.

15.D.2. G6PD TESTING. ONE-TIME G-6-PD DEFICIENCY SCREENING IS REQUIRED. ENSURE RESULT IS IN MEDICAL RECORD OR DRAW PRIOR TO DEPARTURE. PRE-DEPLOYMENT MEDICAL SCREENERS WILL RECORD THE RESULT OF THIS SCREENING IN THE SERVICE MEMBER'S PERMANENT MEDICAL RECORD, DEPLOYMENT MEDICAL RECORD (DD FORM 2766) AND SERVICE SPECIFIC ELECTRONIC MEDICAL RECORD.

15.E. TUBERCULOSIS SCREENING.

15.E.1. PPD TEST PERFORMED AND DOCUMENTED PRIOR TO DEPARTURE INTO CENTCOM AOR IAW SERVICE POLICY. QUANTEFERON GOLD IS ALSO AN ACCEPTABLE METHOD OF TB SCREENING.

15.E.2. PPD CONVERTORS/REACTORS WILL BE HANDLED IAW SERVICE POLICY.

15.E.3. TUBERCULIN SKIN TESTING SHOULD NOT BE ROUTINELY PERFORMED IN THE CENTCOM AOR. A PPD IS PLACED PRE-DEPLOYMENT AND POST-DEPLOYMENT IAW SERVICE GUIDELINES.

15.F. DNA SAMPLE: OBTAIN SAMPLE OR CONFIRM PRIOR SAMPLING IS ON FILE.

CONTACT THE DOD DNA SPECIMEN REPOSITORY (TELEPHONE 301-319-0366, DSN PREFIX 285; FAX 301-295-0369); HTTP://AFIP.ORG/OAFME/DNA/INDEX.HTML.

15.G. ALL PERSONNEL (UNIFORMED SERVICE MEMBERS, GOVERNMENT CIVILIAN EMPLOYEES, VOLUNTEERS, AND CONTRACTOR EMPLOYEES) DEPLOYING TO THEATER MUST BE MEDICALLY (TO INCLUDE DENTAL) AND PSYCHOLOGICALLY FIT FOR DEPLOYMENT. (SEE ALSO

THE DOCUMENT MOD 8 PERSONNEL POLICY GUIDANCE: CENTCOM DETAILED CIVILIAN MEDICAL PREDEPLOYMENT GUIDANCE FOUND ON THE COMMAND SURGEON HOME PAGE, ([HTTP://HQSWEB03.CENTCOM.SMIL.MIL/INDEX.ASP?DIVISION=CCSG](http://HQSWEB03.CENTCOM.SMIL.MIL/INDEX.ASP?DIVISION=CCSG)), SELECT FORCE HEALTH PROTECTION, SELECT DEPLOYMENT POLICY, SELECT MOD 8 TO USCENTCOM PERSONNEL POLICY GUIDANCE, SELECT TAB A FOR AMPLIFICATION OF THIS SECTION). FITNESS SPECIFICALLY INCLUDES THE ABILITY TO ACCOMPLISH THE TASKS AND DUTIES UNIQUE TO A PARTICULAR OPERATION, AND ABILITY TO TOLERATE THE ENVIRONMENTAL AND OPERATIONAL CONDITIONS OF THE DEPLOYED LOCATION, INCLUDING WEAR OF PROTECTIVE EQUIPMENT AND USE OF REQUIRED PROPHYLACTIC MEDICATIONS.

15.G.1. UNIFORMED SERVICE MEMBERS MUST BE FIT FOR WORLDWIDE DEPLOYABILITY ACCORDING TO THEIR SERVICES REGULATIONS AND GUIDANCE. PERIODIC HEALTH ASSESSMENTS AND SPECIAL DUTY EXAMS MUST BE CURRENT PRIOR TO DEPLOYMENT IAW SERVICE POLICY AND WILL BE CONSIDERED TO REMAIN CURRENT FOR THE DURATION OF THE DEPLOYMENT FOR PERSONNEL ON ACTIVE DUTY.

15.G.2. GOVERNMENT CIVILIAN EMPLOYEES SUBJECT TO SPECIFIC PHYSICAL STANDARDS (INCLUDING, FOR EXAMPLE FIREFIGHTERS, SECURITY GUARDS AND POLICE, AVIATORS, AVIATION CREW MEMBERS AND AIR TRAFFIC CONTROLLERS, DIVERS, MARINE CRAFT OPERATORS AND COMMERCIAL DRIVERS) MUST MEET THOSE STANDARDS WITHOUT WAIVER OR EXCEPTION, IN ADDITION TO BEING FOUND FIT FOR THE SPECIFIC DEPLOYMENT BY A MEDICAL AND DENTAL EVALUATION PRIOR TO DEPLOYMENT.

15.G.3. OTHER GOVERNMENT CIVILIAN EMPLOYEES AND VOLUNTEERS MUST BE FOUND FIT FOR DUTY AND FIT FOR THE SPECIFIC DEPLOYMENT WITHOUT LIMITATIONS OR NEED FOR ACCOMMODATION BY A MEDICAL AND DENTAL EVALUATION IAW SERVICE OR DOD REGULATION PRIOR TO DEPLOYMENT. CIVILIAN PERSONNEL WHO CONTINUOUSLY DEPLOY FOR LONGER THAN ONE YEAR MUST OBTAIN A YEARLY PHYSICAL WHILE STATESIDE. MINIMUM STANDARDS INCLUDE ABILITY TO WEAR RESPIRATORY PROTECTIVE EQUIPMENT AND OTHER CHEMICAL/BIOLOGICAL PERSONAL PROTECTIVE EQUIPMENT.

15.G.4. CONTRACTOR EMPLOYEES MUST BE DOCUMENTED TO BE FIT FOR THE PERFORMANCE OF THEIR DUTIES (WITHOUT LIMITATIONS OR NEED FOR ACCOMMODATION) BY A MEDICAL AND DENTAL EVALUATION PRIOR TO DEPLOYMENT AND US CONTRACTOR PERSONNEL WHO DEPLOY FOR MORE THAN ONE YEAR MUST OBTAIN A YEARLY PHYSICAL WHILE STATESIDE. PHYSICALS WILL BE PROVIDED AT THE COST OF THE CONTRACTOR OR THE INDIVIDUAL IAW CONTRACTUAL AGREEMENT. MINIMUM STANDARDS INCLUDE ABILITY TO WEAR RESPIRATORY PROTECTIVE EQUIPMENT AND OTHER CHEMICAL/BIOLOGICAL PERSONAL PROTECTIVE EQUIPMENT. PREDEPLOYMENT AND/OR TRAVEL MEDICINE SERVICES FOR CONTRACTOR EMPLOYEES, INCLUDING IMMUNIZATIONS AND EVALUATION OF FITNESS ARE THE RESPONSIBILITY OF THE CONTRACTOR. CONTRACTORS WILL OBTAIN AND UTILIZE THE STANDARDS OF FITNESS FROM THE SUPPORTED COMMAND'S MEDICAL AUTHORITY. A DISQUALIFYING MEDICAL CONDITION AS DETERMINED BY AN IN-THEATER COMPETENT MEDICAL AUTHORITY WILL BE IMMEDIATELY REPORTED TO THE CONTRACTOR EMPLOYEE'S CONTRACTING OFFICER WITH A RECOMMENDATION THAT THE CONTRACTOR BE IMMEDIATELY REDEPLOYED AND REPLACED AT CONTRACTOR EXPENSE. THIS SECTION AND ITS AMPLIFICATION IN THE DOCUMENT PPG-TAB A APPLY.

15.G.5. PHARMACY.

15.G.5.A. PERSONNEL WHO REQUIRE MEDICATION WILL DEPLOY WITH NO LESS THAN A 90 DAY SUPPLY OF THEIR MEDICATION OR FOLLOW SERVICE SPECIFIC GUIDANCE, WHICHEVER IS MORE APROPRIATE. SRP, MOB SITE, AND CRC PROVIDERS SHOULD USE MEDICATIONS LISTED ON THE CENTCOM FORMULARY TO ENSURE CONTINUITY OF TREATMENT.

15.G.5.B. PERSONNEL REQUIRING ONGOING PHARMACOTHERAPY ARE ENCOURAGED TO USE THE TRICARE MAIL-ORDER PHARMACY (TMOP) SYSTEM.

15.G.5.C. PERSONNEL TAKING ORAL CONTRACEPTIVE PILLS (OCP) WILL BRING A SUPPLY EQUAL TO THE DURATION OF DEPLOYMENT PLUS 30 DAYS OF THEIR PARTICULAR OCP. SERVICE MEMBERS SHOULD BE PRESCRIBED OCP THAT ARE LISTED ON THE CENTCOM FORMULARY TO ENSURE CONTINUITY OF TREATMENT.

15.G.6. PERSONNEL WHO REQUIRE MEDICAL EQUIPMENT (FOR EXAMPLE, CORRECTIVE EYEWEAR, HEARING AIDS, ORTHODONTIC EQUIPMENT) MUST DEPLOY WITH ALL REQUIRED ITEMS IN THEIR POSSESSION, TO INCLUDE TWO PAIRS OF EYEGLASSES, PROTECTIVE MASK EYEGLASS INSERTS, BALLISTIC EYEWEAR INSERTS, AND HEARING AID BATTERIES.

15.G.6.A. ARMY, NAVY AND MARINE PERSONNEL WILL NOT DEPLOY WITH CONTACT LENSES UNLESS WRITTEN AUTHORIZATION IS PROVIDED BY THE HOME STATION UNIT COMMANDER AND

PLACED IN DEPLOYMENT MEDICAL RECORD.

15.G.6.B. AIR FORCE PERSONNEL (NON-AIRCREW) MAY DEPLOY WITH CONTACT LENSES, BUT MAY WEAR THEM ONLY WHEN AUTHORIZED BY THE DEPLOYED UNIT COMMANDER. AIR FORCE PERSONNEL DEPLOYING WITH CONTACT LENSES MUST RECEIVE PRE-DEPLOYMENT EDUCATION IN THE SAFE WEAR AND MAINTENANCE OF CONTACT LENSES IN THE CENTCOM AOR ENVIRONMENT, AND MUST ALSO DEPLOY WITH TWO PAIRS OF EYEGLASSES AND A SUPPLY OF CONTACT LENS MAINTENANCE ITEMS (E.G., CLEANSING SOLUTION) ADEQUATE FOR THE DURATION OF THE DEPLOYMENT.

15.G.6.C. CONTACT LENSES ARE LIFE SUPPORT EQUIPMENT FOR AIRCREWS, NOT MEDICAL EQUIPMENT, AND ARE THUS EXEMPT IAW SERVICE GUIDELINES.

15.G.7. IF PERSONNEL WHO ARE OBVIOUSLY MEDICALLY UNFIT FOR DEPLOYMENT ARE FOUND DEPLOYED, CONTACT THE CENTCOM SURGEON WITH DETAILS OF THE CASE.

15.H. MEDICAL DEPLOYABILITY.

15.H.1. DEPLOYABLE HEALTH SERVICE SUPPORT INFRASTRUCTURE PROVIDES ONLY LIMITED MEDICAL CARE. SERVICE MEMBERS DEEMED UNABLE TO COMPLY WITH CENTCOM DEPLOYMENT REQUIREMENTS ON A CONTINUING BASIS SHOULD BE MEDICALLY EVALUATED AND DISQUALIFIED FOR DEPLOYMENT IAW SERVICE POLICY.

15.H.2. DEPLOYMENT ELIGIBILITY DETERMINATION LIES WITHIN THE MEDICAL SCREENERS ASSIGNED TO AND MEDICAL SPECIALISTS CONSULTING FOR THE MOBILIZATION SITE IAW SERVICE STANDARDS. DEPLOYING PERSONNEL WITH POTENTIALLY DISQUALIFYING MEDICAL CONDITIONS MAY BE EVALUATED BY A SPECIALIST TO DETERMINE ELIGIBILITY.

15.H.3 PERSONNEL WHO HAVE EXISTING MEDICAL CONDITIONS MAY DEPLOY IF ALL OF THE FOLLOWING CONDITIONS ARE MET (A LIST OF UNACCEPTABLE CONDITIONS IS PROVIDED IN THE DOCUMENT PPG-TAB A):

15.H.3.A. THE CONDITION(S) IS/ARE NOT OF SUCH A NATURE THAT AN UNEXPECTED WORSENING OR PHYSICAL TRAUMA IS LIKELY TO HAVE A MEDICALLY GRAVE OUTCOME.

15.H.3.B. THE CONDITION(S) IS/ARE STABLE; THAT IS, CURRENTLY UNDER MEDICAL CARE AND REASONABLY ANTICIPATED BY THE PRE-DEPLOYMENT MEDICAL EVALUATOR NOT TO WORSEN DURING THE DEPLOYMENT IF THE REGIMEN OF CARE IS FOLLOWED.

15.H.3.C. THE UNEXPECTED LOSS OF IN-THEATER CAPABILITIES (E.G. COLD CHAIN, ELECTRICAL POWER), SUPPLIES, OR MEDICATIONS IS UNLIKELY TO DESTABILIZE THE CONDITION TO THE POINT WHERE THE SERVICE MEMBER WOULD REQUIRE MEDICAL EVACUATION WITHIN 90 DAYS.

15.H.4. MEDICAL WAIVER APPROVAL AUTHORITY LIES AT THE COMBATANT COMMAND SURGEON LEVEL. THIS AUTHORITY IS DELEGATED TO THE SERVICE COMPONENT SURGEONS FOR ALL DEPLOYING PERSONNEL.

15.I. HEALTH ASSESSMENTS.

15.I.1. PRE-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2795).

15.I.1.A. ALL DEPLOYING PERSONNEL WILL UNDERGO A PRE-DEPLOYMENT HEALTH ASSESSMENT WITHIN 60 DAYS OF THE EXPECTED DEPLOYMENT DATE. THIS ASSESSMENT WILL BE COMPLETED ON A DD FORM 2795 IAW DODI 6490.03.

15.I.1.B. FOLLOWING COMPLETION OF THE 2795, A HEALTH CARE PROVIDER (NURSE, MEDICAL TECHNICIAN, MEDIC OR CORPSMAN) WILL IMMEDIATELY REVIEW IT. POSITIVE RESPONSES TO QUESTIONS 2,3,4,7 OR 8 REQUIRES REFERRAL TO A TRAINED HEALTH CARE PROVIDER (PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, ADVANCED PRACTICE NURSE, INDEPENDENT DUTY CORPSMAN, INDEPENDENT DUTY MEDICAL TECHNICIAN, OR SPECIAL FORCES MEDICAL SERGEANT).

15.I.1.C. THE COMPLETED ORIGINAL DD FORM 2795 WILL BE PLACED IN THE DEPLOYING PERSON'S PERMANENT MEDICAL RECORD, A PAPER COPY IN THE DEPLOYMENT MEDICAL RECORD (DD FORM 2766), AND TRANSMIT AN ELECTRONIC COPY TO THE DEPLOYMENT MEDICAL SURVEILLANCE SYSTEM (DMSS) AT THE ARMY MEDICAL SURVEILLANCE ACTIVITY (AMSA).

15.I.2. POST-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2796)

15.I.2.A ALL PERSONNEL WILL COMPLETE A POST-DEPLOYMENT HEALTH ASSESSMENT ON A DD FORM 2796 AS CLOSE TO THE REDEPLOYMENT DATE AS POSSIBLE, BUT NOT EARLIER THAN 30 DAYS BEFORE EXPECTED REDEPLOYMENT DATE OR NO LATER THAN 30 DAYS AFTER REDEPLOYMENT.

15.I.2.B ALL REDEPLOYING PERSONNEL WILL UNDERGO A FACE-TO-FACE HEALTH ASSESSMENT WITH A TRAINED HEALTH CARE PROVIDER (PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, ADVANCED PRACTICE NURSE, INDEPENDENT DUTY CORPSMAN, INDEPENDENT DUTY MEDICAL TECHNICIAN, OR SPECIAL FORCES MEDICAL SERGEANT). THE ORIGINAL COMPLETED

COPY OF THE DD FORM 2796 MUST BE PLACED IN THE INDIVIDUAL'S MEDICAL RECORD AND TRANSMIT AN ELECTRONIC COPY TO THE DEPLOYMENT MEDICAL SURVEILLANCE SYSTEM (DMSS) AT THE ARMY MEDICAL SURVEILLANCE ACTIVITY (AMSA).

15.I.3. WOMEN'S HEALTH EVALUATION. ALL WOMEN DEPLOYING INTO THE CENTCOM AOR WILL HAVE COMPLETED A COMPREHENSIVE WOMEN'S HEALTH EVALUATION PRIOR TO DEPLOYMENT. THIS EVALUATION SHOULD BE STARTED APPROXIMATELY 90 DAYS PRIOR TO THE EXPECTED DEPLOYMENT DATE TO ENSURE TIME FOR APPROPRIATE FOLLOW UP OF ABNORMAL RESULTS. THE INITIAL EVALUATION WILL CONSIST OF THE FOLLOWING ELEMENTS:

15.I.3.A. PAP SMEAR.

15.I.3.A.1. PERSONNEL WITH A PRE-DEPLOYMENT NEGATIVE TEST WILL REMAIN CURRENT FOR THE DURATION OF THE DEPLOYMENT IAW SERVICE GUIDELINES.

15.I.3.A.2. RECOMMEND USE OF REFLEXIVE HPV TESTING TO DETERMINE WHO WILL REQUIRE A COLPOSCOPY FOR FURTHER EVALUATION AND CAN RETURN TO CURRENT SCREENING RECOMMENDATIONS.

15.I.3.B. CURRENT SCREENING MAMMOGRAPHY FOR WOMEN GREATER THAN OR EQUAL TO 40 YEARS OF AGE SHALL REMAIN CURRENT THROUGH THE DEPLOYMENT IAW SERVICE GUIDELINES.

15.I.3.C. COUNSELING AND PRESCRIPTION FOR CONTRACEPTIVES IF REQUESTED BY DEPLOYING INDIVIDUAL. COUNSELORS WILL EMPHASIZE THE NEED TO CONTINUE CONTRACEPTION DURING R&R AND LEAVE, INCLUDING BUT NOT LIMITED TO STI AND PREGNANCY COUNSELING.

15.J. HEALTH SURVEILLANCE AND PROTECTION DURING DEPLOYMENT.

15.J.1. JOINT MEDICAL WORKSTATION (JMEWS).

15.J.1.A. UNITS WILL USE JMEWS AS THE PRIMARY DATA ENTRY POINT FOR DISEASE AND NONBATTLE INJURY (DNBI) REPORTING. UNITS WILL ENSURE ALL SUBORDINATE UNITS COMPLETE JOINING AND DEPARTING REPORTS AS REQUIRED WITHIN JMEWS.

15.J.1.B. UNITS WILL COORDINATE JMEWS TRAINING PRIOR TO DEPLOYMENT FOR APPROPRIATE PERSONNEL TO THE MAXIMUM EXTENT POSSIBLE. CURRENTLY, THE ARMY USES MC4 TRAINERS TO TRAIN JMEWS, OTHER SERVICES DO NOT HAVE DIRECTED TRAINERS.

15.J.2. DISEASE AND NON-BATTLE INJURY (DNBI) SURVEILLANCE.

15.J.2.A. THE LIST OF DNBI REPORTING CATEGORIES, THEIR DEFINITIONS, AND THE ESSENTIAL ELEMENTS OF THE STANDARD DNBI REPORT CAN BE FOUND IN ENCLOSURE C OF MCM 0006-02.

15.J.2.B. COMPONENT AND CJTF COMMAND SURGEONS ARE RESPONSIBLE FOR ENSURING THAT UNITS WITHIN THEIR AOR ARE COLLECTING THE PRESCRIBED DNBI DATA AND REPORTING THAT DATA THROUGH THE JOINT MEDICAL WORKSTATIONS (JMEWS) ON A WEEKLY BASIS.

15.J.2.C. MEDICAL PERSONNEL AT ALL LEVELS WILL ANALYZE THE DNBI DATA FROM THEIR UNIT AND THE UNITS SUBORDINATE TO THEM AND MAKE CHANGES AND RECOMMENDATIONS AS REQUIRED TO REDUCE DNBI AND MITIGATE THE EFFECTS OF DNBI UPON OPERATIONAL READINESS.

15.J.3. REPORTABLE MEDICAL EVENT (RME) SURVEILLANCE.

15.J.3.A. THE LIST OF REPORTABLE MEDICAL EVENTS CAN BE FOUND IN THE TRI-SERVICE REPORTABLE MEDICAL EVENT LIST.

15.J.3.B. COMPONENT AND CJTF COMMAND SURGEONS ARE RESPONSIBLE FOR ENSURING THAT UNITS WITHIN THEIR AOR ARE COLLECTING THE APPROPRIATE RME DATA AND REPORTING THAT DATA THROUGH THEIR SERVICE SPECIFIC REPORTING MECHANISMS.

15.J.3.C. RME REPORTING IS TO OCCUR AS SOON AS REASONABLY POSSIBLE AFTER THE EVENT HAS OCCURRED, BUT NOT MORE THAN 24 HOURS.

15.K. HEALTH RISK COMMUNICATION. DURING ALL PHASES OF DEPLOYMENT, PROVIDE HEALTH INFORMATION TO EDUCATE; TO MAINTAIN FIT FORCES; AND TO CHANGE HEALTH RELATED BEHAVIORS FOR THE PREVENTION OF DISEASE, ILLNESS, AND INJURY DUE TO RISKY PRACTICES AND UNPROTECTED EXPOSURES.

15.K.1. PRE-DEPLOYMENT.

15.K.1.A. GENERAL ISSUES TO BE ADDRESSED. INFORMATION REGARDING KNOWN AND SUSPECTED HEALTH RISKS AND EXPOSURES, HEALTH RISK COUNTERMEASURES AND THEIR PROPER EMPLOYMENT, PLANNED ENVIRONMENTAL AND OCCUPATIONAL SURVEILLANCE MONITORING, AND THE OVERALL OPERATIONAL RISK MANAGEMENT PROGRAM.

15.K.1.B. CONTENT. SHOULD INCLUDE, BUT NOT BE LIMITED TO THE FOLLOWING AREAS: OPERATIONAL OR COMBAT STRESS; NUCLEAR, BIOLOGICAL, CHEMICAL THREATS; ENDEMIC INFECTIONS; COMMUNICABLE DISEASES; VECTORBORNE DISEASES; ENVIRONMENTAL CONDITIONS; SAFETY; OCCUPATIONAL HEALTH; ENDEMIC PLANT, ANIMAL, REPTILE, AND INSECT HAZARDS.

15.K.2. DURING DEPLOYMENT.

15.K.2.A. CONTINUAL RISK AND HAZARD ASSESSMENT AND REASSESSMENT IS AN ESSENTIAL ELEMENT OF HEALTH RISK COMMUNICATION DURING THE DEPLOYMENT PHASE. MEDICAL PERSONNEL AT ALL LEVELS WILL PROVIDE WRITTEN AND ORAL RISK COMMUNICATION PRODUCTS TO COMMANDERS AND DEPLOYED PERSONNEL FOR MEDICAL THREATS, COUNTERMEASURES TO THOSE THREATS AND THE NEED FOR ANY MEDICAL FOLLOW UP.

15.K.2.B. DNBI, RME AND OCCUPATIONAL ENVIRONMENTAL HEALTH (OEH) RISK ASSESSMENTS WITH RECOMMENDED COUNTERMEASURES WILL BE PROVIDED TO COMMANDERS AND DEPLOYED PERSONNEL ON A REGULAR BASIS AS WELL AS A SITUATIONAL BASIS WHEN A SIGNIFICANT CHANGE IN ANY OF THE ASSESSMENTS OCCURS.

15.L. A SIGNIFICANT RISK OF DISEASE CAUSED BY INSECTS AND TICKS EXISTS YEAR-ROUND IN THE AOR. THE THREAT OF DISEASE WILL BE MINIMIZED BY USING THE DOD INSECT REPELLANT SYSTEM AND BED NETS; HTTP://WWW.AFPMB.ORG.

15.L.1. TREAT UNIFORM WITH PERMETHRIN (INDIVIDUAL DYNAMIC ABSORPTION (IDA) KIT NSN: 6840-01-345-0237.

15.L.2. APPLY DEET CREAM (NSN: 6840-01-284-3982) TO EXPOSED SKIN (ONE APPLICATION LASTS 6-12 HOURS; MORE FREQUENT APPLICATION IF HEAVY SWEATING AND/OR IMMERSION IN WATER, ETC.).

15.L.3. WEAR TREATED UNIFORM PROPERLY TO MINIMIZE EXPOSED SKIN [E.G. SLEEVES DOWN].

15.L.4. USE PERMETHRIN TREATED BEDNET PROPERLY TO MINIMIZE EXPOSURE DURING REST/SLEEP PERIODS.

15.L.5. UNIT MASCOTS AND PETS. LOCAL ANIMALS (EG. LIVESTOCK, CATS, DOGS, BIRDS, REPTILES, ETC.) ARE CARRIERS AND RESERVIORS FOR MULTIPLE DISEASES TO INCLUDE LEISHMANIASIS, RABIES, Q FEVER, LEPTOSPIROSIS, AVIAN INFLUENZA, DIARRHEAL DISEASE, ETC. PER CENTCOM GENERAL ORDER 1.B, DEPLOYED PERSONNEL WILL AVOID CONTACT WITH LOCAL ANIMALS IN THE DEPLOYED SETTING AND WILL NOT ATTEMPT TO FEED, ADOPT OR INTERACT WITH THEM IN ANY WAY. MEDICAL PERSONNEL WILL REGULARLY INSPECT LIVING AREAS TO DETERMINE IF LOCAL ANIMALS ARE WITHIN CLOSE PROXIMITY AND TO ENSURE DEPLOYED PERSONNEL ARE NOT INTERACTING WITH THEM.

15.M. FOOD AND WATER SOURCES:

15.M.1. ALL WATER (INCLUDING ICE) IS CONSIDERED NON-POTABLE UNTIL TESTED AND APPROVED BY APPROPRIATE MEDICAL PERSONNEL.

15.M.2. NO FOOD SOURCES WILL BE UTILIZED UNLESS INSPECTED AND APPROVED BY U.S. VETERINARY PERSONNEL.

15.M.3. COMMANDERS WILL ENSURE THAT THE NECESSARY SECURITY IS IN PLACE TO PROTECT WATER AND FOOD SUPPLY AGAINST TAMPERING (FOOD/WATER VULNERABILITY ASSESSMENTS). MEDICAL PERSONNEL WILL PROVIDE CONTINUAL VERIFICATION OF QUALITY AND PERIODIC INSPECTION OF STORAGE AND PREPARATION FACILITIES.

15.N. THE FORCE HEALTH PROTECTION REQUIREMENTS CAN BE USED AS GUIDANCE FOR FAMILY MEMBERS AND OTHER CATEGORIES NOT PREVIOUSLY MENTIONED. ADDITIONAL IMMUNIZATIONS OR HEALTH SCREENING MAY BE INDICATED AFTER EVALUATING AN INDIVIDUAL'S RISK FACTORS, MEDICAL RECORD AND ASSIGNMENT LOCATION. THESE CONCERNS SHOULD BE ADDRESSED BETWEEN THE PATIENT AND THEIR PRIMARY CARE PROVIDER PRIOR TO TRAVELING OVERSEAS.

15.O. ALL OTHER INSTRUCTIONS AND GUIDANCE SPECIFIED IN INITIAL POLICY MESSAGE REMAIN IN EFFECT. MOD 7 IS NOW INVALID.

15.P. THE USCENTCOM POC FOR FORCE HEALTH PROTECTION IS CCSG, DSN 312-651-6397; SIPR: CCSG-PMO@CENTCOM.SMIL.MIL.//

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